

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Ins		PERMIT#
			cle K #47052	815-923-8555	(mm/dd/yr) 19-		
Establishment Address (number and street, city, state, zip code) 1038 Wr Knable Rd Georgeform, 1N 471122				812-379.9227	(* / ' /		62
-			Convicace Stores 11c	Purpose:	Follow-up Release Date NO Today		
				2. Follow-up	⊢	of Violation	
Po	Box	3	41 Colombus, IN 41202	3. Complaint		4.	/ ~
Person in C	harge			4. Pre-Operational	c	NC B	$R \mathcal{O}$
			s Parker	5. Temporary		<u> </u>	
Responsible	Person's	E-mai	·	6. HACCP	Menu Typ	pe (See back	of page)
				7. Other (list)	١. ٧	/	4 5
Certified Fo	ood Manag	er	n/a		14	s	-45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	· / //			rrected By
443	<u> </u>		Measured quat sanifizer	in bucket a	<u>f</u>	COM	+cted
			400 ppm.				
218	NC	C Observed Walkin cooler not working. I week					
	- Milk is being returner for credit.						
394	NL		Observed trash behind du			z do	205
112/	NC		000 -00 17031				
7-7'							
			Store and under equipme Observed build-up in ice	4-17.		 	· ·
295	NC		Observed build-up in ice	chutes,		toway	<u> </u>
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Received by (name and title printed): Miles parker Assistant manager Inspected by (name and title printed): Thumas Snider E HS							
Received by (signature):							
		ا ا	my Har	times	4-		
cc; cc; cc;							